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\*\* CONTINUING DATA \*\*\*\*\* *None* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None* \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature <i>mg</i> Initials				

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## TITLE

Ultra thin channel MOSFET

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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